

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			*		*		*	
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1	1						51						
2		1					52						
3		1					53						
4		1					54						
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36		1					86						
37		1					87						
38	1						88						
39		1					89						
40		1					90						
41	1						91						
42	1						92						
43		2					93						
44		2					94						
45		2					95						
46	1						96						
47		1					97						
48		1					98						
49							99						
50							100						
TOTAL IND.	9						TOTAL IND.						
TOTAL DEP.	12						TOTAL DEP.						
TOTAL CLAIMS	51						TOTAL CLAIMS						